

## BR6

#### CHFP000

This form should be completed in black. This notice must be delivered to the Registrar within 21 days of the alteration being made.

A05 COMPANIES HOUSE

**COMPANIES HOUSE** 

23/08/02 16/08/02

Return of change of person authorised to accept service or to represent the branch of an oversea company or of any change in their particulars

(Pursuant to Schedule 21A, paragraph 7(1) of the Companies Act 1985)

alteration being made.	(* disdant to concede 2 mg	paragraph ((, ot the desiplanes rate toos)	
Company number	FC23732	Branch number 8R644	8
Company name	Norwich U	MION OVERSEAS HOLDIN	<u> </u>
Branch name (if different to corporate name)			
TERMINATION OF AUTHORITY		Day Month Year	IOT APPLICABLE
	Date of termination		IST ATOS
See overleaf for appointments and change of particulars	Position vacated (Mark appropriate box(es))	Person authorised to accept service on the company's behalf  Person authorised to represent the compant the branch	ny
Complete these details for			
resignation of any person authorised to accept service or process on the company's behalf or who was authorised to represent the company in relation to the business of the branch.	Name Address	NIK	
			· · · · · · · · · · · · · · · · · · ·
	•	,	
To whom should  Companies House direct  any enquiries about the	CLAIRE VA	ALENTINE	
Information on this form.	AUIVA PLC,	ST HOLEN'S, LUNDERSHA 3P 3DO	FT.
(02/00)			7 662 7294

When completed, this form should be delivered to the address on page 4

#### **APPOINTMENT**

# Persons authorised to represent the company or who may accept service or process

Give the name and address of the person appointed, together with the date of appointment. Mark the box(es) relevant to the appointment. If the appointment is to both positions mark both boxes.

\* Delete as appropriate

### **SCOPE OF AUTHORITY**

Give brief particulars of the extent of the powers exercised. (e.g. whether they are limited to powers expressly conferred by the instrument of appointment; or whether they are subject to express limitations.)

Where the powers are exercised jointly give the name(s) of the person(s) concerned.

# Mark box(es) as appropriate

<u>.</u>			
* Style / Title	MR		
Forenames	RICHARD ANDREW		
Surname	WHITAKER		
Address	AVIVA PLC, ST HELEN'S,		
•	1 UNDERSHAFT,		
Post town	London		
County/Region UNITED KINGDOM Postcode ECSP SDQ			
Is authorit	orised to accept service of process on the company's behalf		
s auth	orised to represent the company in relation to that business  Day Month Year		
Date of appo	Dintment 011 91 2101012		
The authorit	The authority to represent the company is :-		
* <del>AND/OR</del> Is #	Authorised to accept service of process on the company's behalf  A : Authorised to represent the company in relation to that business  I the authority to represent the company is :- (give details)		
·			
OR	ars :- ay be exercised alone  ust be exercised with :- (Give name(s) of co-authorised person(s))		

CHANGE OF	Day Month Year		
PARTICULARS	Data of about 1		
Mark the appropriate	V   4   4   1   2   1   1   2   1   1   2   1   1		
box. If change relates to both positions, mark both boxes.	Change of particulars of person authorised to accept service		
	Change of particulars of person authorised to represent the company		
Change Name previously of name notified to	Forenames CANU COMPANY SECRETARIAL SERVICES		
Companies House	Surname LIMITED		
New name	Forenames AUWA COMPANY SECRETARIAL		
	Surname Schules Linited		
Change of residential address (enter new address)	Address NOT APPLICABLE		
	Post town		
	County / Region Postcode		
	Country		
	AND THE RESIDENCE OF THE PARTY		
Change of authority to act			
(this part does not apply to a person authorised to accept service on behalf of the company)	The extent of the authority of the above person to represent the company has been altered to :- [give details]		
Give brief particulars of any change in the authority of the officer to represent the company, including any alteration to the manner in which the existing or new powers may			
be exercised (e.g. requiring them to be exercised with			
other persons)	# May be exercised alone		
# Mark appropriate box	# Must be exercised with: (Give name(s) of co-authorised person(s))		
•			
•			
Signature			
	Signed (director / Secretary / Permanent represent)		
	9 (8 (2007 AUTHORISED SIGNATORY		
* Delete as applicable	Date TOR AND ON BEHALF OF		

SECRETARIAL SERVICES LIMITED

When completed, this form should be delivered to :-

For branches registered in England and Wales

For branches registered in Scotland

The Registrar of Companies Companies House Crown Way Cardiff CF14 3UZ The Registrar of Companies Companies House 37 Castle Terrace Edinburgh EH1 2EB